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Trademark Office,

Atty. Dkt. No. 064189-0201 (2924)

CERTIFICATE OF FACSIMILE TRANSMISSION

Loni M. Cummings (Printed Name)

6 December 2005 (Date of Daposit)

I hereby certify that this paper is being facelmile trens the United States Patent and Trademark

Alexandria, Virginis on the date below.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Heinz-Josef LENZ et al.

Title:

GENOMIC

POLYMORPHISM FOR

PREDICTING

THERAPEUTIC RESPONSE

Appl. No.:

09/715,764

Appl. Filing Date: 11/15/2000

Examiner:

Sitton, Jehanne Souaya

Art Unit:

1634



Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

- 1. Submission required under 37 C.F.R. §1.114: (check items that apply)
 - a. Previously submitted:
 - [X] Please enter and consider the amendment and/or reply previously filed on 10 November 2005.

12/08/2005 MBINAS

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395.00 DA

SVCA_27267.1

b. Enclosed is:

[X] Communication in Connection with the Filing of a Request for Continued Examination.

The filing fee is calculated below:

	Claims as Amended		Previously Paid For	Extra Claims Present	Rate			Fee Totals	
RCE Fee 1.17(e):						\$790.00	=	\$790.00	
Total Claims:	21	-	21	=0	x	\$50.00	=	\$0.00	
Independents	2	-	3	=0	x	\$200.00	=	\$0.00	
First p	resentation o	f any	Multiple D	Dependent Claims:	+	\$360.00	=	\$0.00	
				CLAIMS	FEE	E TOTAL:	=	\$790.00.	

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[]	Extension for response filed within the first month:	\$0.00			
[]	Extension for response filed within the second month:	\$0.00			
[X]	Extension for response filed within the third month:	\$1,020.00	\$1,020.00		
[]	Extension for response filed within the fourth month:	\$1,590.00	\$0.00		
[]	Extension for response filed within the fifth month:	\$2,160.00	\$0.00		
	EXTENSION FEE SUBTOTAL:				
	EXTENSION FEE ALREA	DY PAID: -	\$1,020.00		
	EXTENSION FI	EE TOTAL	\$0.00		
	CLAIMS AND EXTENSION FEE TOTAL:				
[X]	Small Entity Fees Apply (subtract 1/2	\$395.00			
[]	Suspension of action requested under 37 C.F.R.	\$0.00			
_	TO	TAL FEE:	\$395.00		
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[X] Please charge Deposit Account No. 50-0872 in the amount of \$395.00. This sheet is submitted in duplicate.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Dec. 6, 2005

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Antoinette F. Konski Attorney for Applicant Registration No. 34,202